## PART B - FEE(S) TRANSMITTAL

MAY 0 2 2006

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FER ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Black 1 for any change of address)

7590

02/02/2006

ATTINITIES A KELLER SIEMENS CORPORATION

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of meiling or transmission.

Corrificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certify that this Fee(s) Transmittal is being deposited with the United

I hereby certification the United States the United States

INTELLECTUAL 170 WOOD AVEN	PROPERTY DEPARTN	IENT	addressed to the Mi transmitted to the US	all Stop ISSUE FEE address PTO (571) 273-2885, on the d	above, or being facsimile late indicated below.	
ISELIN, NJ 08830		•	Peggy Simmons Peggy Simmons		(Depositor's num;) (Signature)	
		•		1/05/02/01	(Dme)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/736 430	12/03/2003	Jesse G. DeMess  RETRIEVING AND DISPLAYING DATA FROM MUL		2000年2839US02 5819 TIPLE SOURCES		
TILE OF INVENTION: N	nodeling system for Ki	STRIENING WAD DISTORY				
APPLN, TYPE	SMALL ENTITY	ISSUE FÉB	PURLICATION FEB	TOTAL PEE(S) DUE	DATE DUE	
APPLN. 1976	220	#700 #1400	\$300	\$1000 \$170	0 05/02/2006	

EXAMINER  ART UNIT  CLASS-SUBCLASS  LUU, MATTHEW  1663  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) entended.  The Address form PTO/SB/122) entended address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-012 or more recervi) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee dats will appear on the patent. If an assignee is identified below, the document recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  Indx Software Corp., A Siemens Co.  Aliso Viejo, CA  Please check the appropriate assignee categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following foc(s) are enclosed:  B Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order * # of Copies  Advance Order * # of Copies  The Director is bereby authorized by change the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s), or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s) or credit any of Deposit Account Number 1 9 - 2 4 7 9 6 the required fee(s) or credit any of Deposit Account Number	A N. TUDE	PE SMALL ENTITY	ISSUB FE	В	PUBLICATION FEE	TOTAL PEE(S) DUB	DATE DUE
LUU, MATTHEW  1. Change of correspondence address or indication of "Fee Address" (37  CFR 1.363).  Change of correspondence address (or Change of Correspondence Address Torm PTO/SB/122) entended.  The Address Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-42 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OP ASSIGNEE  IndX Software Corp., A Siemens Co. Aliso Viejo, CA  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following foc(s) are enclosed:  1. Change of correspondence address or indication of "Fee Address" (37  C. For printing on the patent from page, list  (1) the names of up to 3 registered patent autorneys or agents. OR, alternatively.  (2) the name of a single firm (having as a member a registered atternatively.  (2) the name of a vingle firm (having as a member a registered atternatively.  (3) the name of up to 3 registered patent attorneys or agents. OR, alternatively.  (3) the name of up to 3 registered patent attorneys or agents. OR a member a registered atternatively.  (2) the name of up to 3 registered patent attorneys or agents. OR a member a registered atternatively.  (3) the name of up to 3 registered patent attorneys or agents. OR a member a registered atternatively.  (3) the name of up to 3 registered patent attorneys or agents. OR or under the patent of pages and the names of up to 3 registered patent attorneys or agents. OR or under the page of a customer or agents of up to 3 registered patent attorneys or agents. OR or under the page of up to 3 registered patent attorneys or agents. OR or under the page		370	5700	\$1400	\$300	\$1000 \$1700	05/02/2006
LUU, MATTHEW  3663  715-744000  1. Change of correspondence address or indication of "Fen Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) etitached.  "Foe Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-fl2 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNES NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  IndX Software Corp., A Siemens Co. Aliso Viejo, CA  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:  (B) Publication fee (No small entity discount permitted)  Advance Order - # of Copies  (CITY and STATE OR COUNTRY)  Advance Order - # of Copies  (CITY and STATE OR COUNTRY)  A check in the amount of the fee(s) is enclosed.  Phyment by credit card. Form PTO-2038 is attached.  (CITY and STATE OR COUNTRY)  A check in the amount of the fee(s) is enclosed.  (CITY and STATE OR COUNTRY)  (CA)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  (CITY and STATE OR COUNTRY)						7	
2. For printing on the patent front page, list (1) the names of up to 3 registered potent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent of correspondence address or indication form PTO/SB/122) ortached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Indix Software Corp., A Siemens Co.  Aliso Viejo, CA  Please check the appropriate assignee category or categories (will not be printed on the patent):  [B) Residence: (CiTY and STATE OR COUNTRY)  At the following foc(s) are enclosed:  [C) Publication fee (No small entity discount permitted)  [C) Advance Order # of Copics  [C) Publication fee (No small entity discount permitted)  [C) Advance Order # of Copics  [C) Publication fee (No small entity discount permitted)  [C) Advance Order # of Copics  [C) Copics  [C) Publication fee (No small entity discount permitted)  [C) Advance Order # of Copics  [C) Copi	BXAMINER		L	<u> </u>			•
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) ettached.     For Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-fi2 or more recent) attached. Use of a Customer Number is required.     Assigned NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   PLEASE NOTE: Unless an assignee is identified below, no assignee data will speed on the patent. If an assignee is identified below, the document recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.	LUU, MATTHEW		3663				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  IndX Software Corp., A Siemens Co. Aliso Viejo, CA  Please check the appropriate assignee category or eategories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:    A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Phymnent by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any of Deposit Account Number   1 - 2 1 / 9 (cnclose an extra copy of control of the cont	3). ange of corresponde is form PTO/SB/12 is Address* indicate B/47; Rev 03-02 o	correspondence address (or Change of PTO/SB/122) etinched. ess" indication (or "Fee Address" Indic tey 03-02 or more recent) attached. Us	Correspondence	(1) the nator agents (2) the natored 2 registered	mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nar of patent offorneys or agents. I	a member a 2	
4a. The following foc(s) are enclosed:    Second   Second	SE NOTE: Unless ation as set forth in AME OF ASSIGNED AX	TE: Unless an assignee is identified be set forth in 37 CFR 3.11. Completion F ASSIGNEE  Software Corp., A	elow, no assignee of of this form is NOT Siemens	lata will app a substitute (B) RESIDE	pear on the patent. If an assign for filing an assignment.  INCE: (CITY and STATE OR  Aliso Vi	Lejo, CA	_
	ollowing for(s) are no Pes blication Fee (No s	g foc(s) are enclosed:  n Fee (No small entity discount permit	4b	. Payment of	Fee(s): in the amount of the fee(s) is e thy credit card. Form PTO-20:	18 is attached.	adit any overpayment, to ya copy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assign interest as shown by the records of the United States Patent and Trademark Office.			27 CED 1 37	b. Appli	cant is no longer claiming SML my) or to re-apply any previous to other than the applicant; a re-	ALL ENTITY status. See 37 C sly paid issue fee to the applic gistered attorney or agent; or	FR 1.27(g)(2). ation identified above. the assignce or other party i
Authorized Signature Date 5/2/06  Typed or printed name Anand Sethuraman Registration No. 4/3, 351	rized Signature	ignature Oct h	70		Date	5/2/06	

This collection of information is required by 37 CPR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to see 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.